



County of San Diego, Planning & Development Services  
**CONDITION SATISFACTION RESUBMITAL**  
**ZONING DIVISION**

Project Name: \_\_\_\_\_

Project Number(s): \_\_\_\_\_

Has The Financial Responsibility Changed? YES ☐ NO ☐

Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's E-Mail Address: \_\_\_\_\_

**The following are REQUIRED ATTACHMENTS to this Condition Satisfaction Resubmital:**

☐ **Evidence of Compliance with Condition**  
(refer to the condition(s) language for the specific evidence required in order to satisfy the condition(s).

☐ **If the proposed condition(s) have not been highlighted, the submittal cannot be accepted.**

☐ **List the Condition Numbers:** \_\_\_\_\_

**Customer Comments:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY**

For Questions Contact: PERMIT COMPLIANCE COORDINATOR, \_\_\_\_\_ (858) 694-3011

Record ID: \_\_\_\_\_

Is this a FEE Account? YES ☐ NO ☐

Is this a Deposit Account? YES ☐ If Yes, Record ID: \_\_\_\_\_

Technician Comments: \_\_\_\_\_

\_\_\_\_\_  
Technician's Name

\_\_\_\_\_  
Date

----- For County Use Only -----

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